

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT						
	IND.	DEP.	IND.	EP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
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9							59				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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CLAIMS ONLY						SERIAL NO. 10668916	FILING DATE 02-11-02		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/								
2									
3									
4									
5									
6		1							
7		1							
8	/								
9		1							
10		1							
11		1							
12		1							
13		1							
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49									
50									
TOTAL IND.	2								
TOTAL DEP.	15	↓		↓		↓			
TOTAL CLAIMS	171								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS